State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
07/28/2017

Name of Building Owner/Operator (2)

Residence

Agencies Notified
☑ EPA
☑ DEP
☑ DOL
☑ DOH
☑ DCA

Type Notification
☑ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address

City, State, Zip Code
South Amboy, N.J. 08879

Name of Contact
Frank Milatta

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address

City (5)
South Amboy

County (6)
Middlesex

County Code (7)
(SHARE USE ONLY)

Square Feet
1,344

# of Floors
3

Bldg. Age
117

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☑ Other (i.e. private & commercial buildings, homes, etc.)

Name of Abatement Contractor (9)
Brinks Tank Services

Street Address
1256 Liberty Avenue

City, State, Zip Code
Hillside, NJ 07025

Telephone No.
844-462-7466

License No.
01316

Name of OSHA Monitor
A. Seine Lighthouse Solutions

Street Address
PO Box 354

City, State, Zip Code
South Orange, N.J. 07079

Project Manager for Monitoring Firm
Sarah Calandra

Telephone No.
201-349-2666

Start Date (10)
08/11/2017

Scheduled Completion Date (11)
08/22/2017

Occupancy Status During Abatement (Check Only One)
☑ Facility Closed/ Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Scope of Work (Check All That Apply)
☑ ≥50 sf or ≥33 ft
☐ ≥160 sf or ≥260 ft
☐ Renovation
☐ Demolition

Location of Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

(13)

Yes
No
N/A

Description of Asbestos-Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Name of Registered Waste Hauler

Newark Carting

Cubic Yards of Waste

Name of Registered Landfill

Waste Management Landfill

City, State
East Orange, NJ

Disposal Date

City, State
Penn Arglye, PA

Completed by
Alison Lamers
Title
Office Manager

Signature:

Date:
07/28/2017

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 12:120)

**Date of Notification (1)**
07-31-17

**Name of Building Owner/Operator (2)**
Perina Gatti

**Address**

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

**City, State, Zip Code**
West Orange, NJ 07052

**Name of Contact**
Perina Gatti

**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Home</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

<table>
<thead>
<tr>
<th>City (5)</th>
<th>County Code (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Orange</td>
<td>Essex</td>
</tr>
</tbody>
</table>

**County Code (7) (STATE USE ONLY)**

**Square Feet**

<table>
<thead>
<tr>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**
N/A

**ASCM No.**

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Contracting LLC.</td>
</tr>
</tbody>
</table>

**Street Address**
522 7th St.

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City NJ 07087</td>
</tr>
</tbody>
</table>

**Project Manager for Monitoring Firm**

<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201 216-9603</td>
</tr>
</tbody>
</table>

**License No.**
01206

**Start Date (10)**
08-09-17

**Scheduled Completion Date (11)**
08-10-17

**Name of OSHA Monitor**
Delta Contracting LLC

**Street Address**
522 7th St.

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City NJ 07087</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check Only One)**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe: 7:00 AM - 5:30 PM

**Scope of Work (Check All That Apply)**

- ≥3 sf or ≥3 lf
- ≥160 sf or ≥280 lf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
<td>x</td>
<td>Pipe Insulation</td>
<td>110 LF</td>
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**Name of Registered Waste Hauler**
Delta Contracting LLC

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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</thead>
<tbody>
<tr>
<td>35240</td>
<td>2</td>
<td>Tullytown Resource Recovery Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
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</thead>
<tbody>
<tr>
<td>Union City, NJ</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>08-14-17</td>
<td>Tullytown, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaime Delgado</td>
<td>Proj. Manager.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07-31-17</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
Date of Notification (1) | 08/01/2017
---|---
Name of Building Owner/Operator (2) | Westfield BOE
Street Address | 302 Elm Street
City, State, Zip Code | Westfield, NJ 07092
Name of Contact | Alexander Dohme
Telephone Number | 

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) | Roosevelt School
Street Address | 301 Clark Street
City (5) | Westfield
County (6) | Union
Name of Monitoring Firm Hired by Building Owner (8) | USA Environmental
ASCM No. | 00112
Name of Abatement Contractor (9) | VMC Co. Inc
Street Address | 208 Piaget Ave
City, State, Zip Code | Clifton NJ 07011
Project Manager for Monitoring Firm | William Weisgarber
Telephone No. | 609-656-8101
Name of OSHA Monitor | VMC Co. Inc
Street Address | 
City, State, Zip Code | 

Start Date (10) | 08/11/2017
Scheduled Completion Date (11) | 08/11/2017
Occupancy Status During Abatement (Check Only One) | 
Facility Closed/Vacated During Entire Period of Abatement | 
Abatement Performed Outside of Normal Facility Hours | 
Other – Describe: 3:00 pm-11:00pm | 

Scope of Work (Check All That Apply) | 
≥3 sf or ≥3 ft | Renovation
≥100 sf or ≥250 ft | Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

| Auditorium pipe chase | x | pipe insulation "wrap & cut" | 55 LF | x |

**Name of Registered Waste Hauler** | Newark Carting Inc
NJDEP Waste Hauler ID No. | 04509
Cubic Yards of Waste | 
Name of Registered Landfill | GROWS
City, State | Morrisville, PA
Disposal Date | 08/01/2017
Completed by | Vojtek Roszkowski
Title | President

Signature | 
Date | 08/01/2017

* Do not use this form for asbestos licensure exempted activities.
### State of New Jersey
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

**Date of Notification (1)**
06 / 02 / 17

**Name of Building Owner/Operator (2)**
Verizon

**Street Address**
1 Verizon Way

**City, State, Zip Code**
Basking Ridge, NJ

**Name of Contact**
Alex Baylor

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Verizon

**Square Feet**
10,000

**# of Floors**
3

**Bldg. Age**
50

**Type of Facility (4)**

- ☑ School (K-12)
- ☑ Subchapter 8 (Other than K-12)
- ☑ Other (i.e., private and commercial buildings, homes, etc.)

**County Code (7)/(STATE USE ONLY)**

- Middletown (8)

**County Code (7)/(STATE USE ONLY)**

- Middlesex (8)

**Name of Monitoring Firm Hired by Building Owner (8)**
USA Environmental Management Inc.

**ASCM No.**

- NA

**Name of Abatement Contractor (9)**
JVN Restoration Inc.

**Street Address**
47 Foster Road

**Telephone No.**
718-605-5256

**License No.**
00774

**City, State, Zip Code**
Staten Island, NY 10309

**City, State, Zip Code**
Philadelphia, PA 19153

**City, State, Zip Code**

- Philadelphia, PA 19153

**Telephone No.**
215-365-5810

**Name of OSHA Monitor**
Testor Tech

**Project Manager for Monitoring Firm**
Mark Jenkins

**Start Date (10)**
08 / 10 / 17

**Scheduled Completion Date (11)**
08 / 31 / 17

**Occupancy Status During Abatement (Check only one)**

- ☑ Facility Closed/Vacated During Entire Period of Abatement
- ☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:
  
  AM 5:00PM - PM 1:30 AM

**Scope of Work (Check all that apply)**

- ☑ Full Containment with Negative Pressure
- ☑ Mini-Enclosure
- ☑ Glovebag Procedure
- ☑ Non-Exempted (*) and Non-Friable Procedure
- ☑ Renovation
- ☑ Demolition

### Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>Location</th>
<th>ACM Method Used</th>
<th>ACM Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility</td>
<td>Used Solely by Maintenance/Custodial Staff</td>
<td>20 LF</td>
</tr>
<tr>
<td>Ground Floor A/C, Boiler Room</td>
<td>Pipe Insulation and Fittings</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>NJDEP Waste Hauler ID No.</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>Cubic Yards of Waste</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**
Newark Carting

**NJDEP Waste Hauler ID No.**
NJ-586

**Cubic Yards of Waste**
30

**Name of Registered Landfill**
G.R.O.W.S., Inc.

**Disposal Date**
08/25/17

**City, State**
Morrisville, PA

**Completed By (Print or Type)**
Ralph Barnhardt

**Title**
Project Manager

**Signature**

**Date**
28-02-2017

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*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>07 / 31 / 17</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator:**
Verizon

**Street Address:**
1 Verizon Way
Basking Ridge, NJ

**Name of Contact:**
Alex Baylor

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:**
Verizon

**Street Address:**
10 Phillips Drive
Old Bridge, NJ 08857

**City:**
Old Bridge, NJ

**County:**
Middlesex

**Name of Monitoring Firm Hired by Building Owner:**
USA Environmental Management Inc.

**ASCM No.:**

**Name of Abatement Contractor:**
JVN Restoration Inc

**Street Address:**
47 Foster Road
Staten Island NY 10309

**License No.:**
00774

**Telephone No.:**
718-605-6256

**Type of Facility:**

□ School (K-12)
□ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

**Square Feet:**
10,000

**# of Floors:**
3

**Bldg. Age:**
50

**Current Use (Prior if being demolished):**

**Telephone Number:**

**Facility Status During Abatement:**

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 8:00 AM - 5:00 PM - 1:30 AM

**Scope of Work (Check all that apply):**

☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 160 ft
☒ Demolition

**Description of Asbestos Containing Material (ACM):**
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation and Fittings</td>
<td>20 LF</td>
</tr>
</tbody>
</table>

**Abatement Type:**

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>IN Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Ground Floor A/C, Boiler Room:**

<table>
<thead>
<tr>
<th>Ground Floor A/C, Boiler Room</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Name of Registered Waste Hauler:**
Newark Carting

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJ/DEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
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</thead>
<tbody>
<tr>
<td>Newark Carting</td>
<td>NJ-566</td>
<td>30</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill:**
G.R.O.W.S., Inc.

**Disposal Date:**
08/25/17

**City, State:**
Morrisville, PA

**Completed By:**
Ralph Barnhardt

**Title:**
Project Manager

**Signature:**

**Date:**
07-31-2017

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
8/3/17

Name of Building Owner/Operator (2)
47 Cooper Street, LLC

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address
57 Ulclid Street

City, State, Zip Code
Woodbury, NJ 08096

Name of Contact
Ken Zane

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Office Building

Office Address
47 Cooper Street

City (5)
Woodbury

County (6)
Gloucester

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Commercial

Name of Monitoring Firm Hired by Building Owner (8)
RT Environmental

ASCM No.

Name of Abatement Contractor (9)
eeservices, LLC

Street Address
510 Heron Drive,

City, State, Zip Code
Bridgeport, NJ 08014

Project Manager for Monitoring Firm
Tony Alessandrini

Telephone No.
610-265-1510

Telephone No.
484-872-8884

License No.
01161

Start Date (10)
8/7/17

Scheduled Completion Date (11)
8/7/17

Name of OSHA Monitor
EMSL

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Abatement performed in aggregated area

Street Address
303 B National Road

City, State, Zip Code
Exton, PA 19341

Scope of Work (Check All That Apply)
☐ ≥ 36 sf or ≥ 3 If
☐ ≥ 160 sf or 2800 If
☒ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Enclosure (*) and Non-Friable Procedure

Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Floor tile

Amount (Specify SF or LF)
2.5 SF

Abatement Type

Location of Asbestos-Containing Material (ACM) TO BE ABATED

In Facility (13)

Yes
No
N/A

Front Office

X

Name of Registered Waste Hauler
eeservices, LLC

NJ DEP Waste Hauler ID No.

Cubic Yards of Waste
≥1

Name of Registered Landfill
GROWS

City, State
Exton, PA

Disposal Date
8/7/17

City, State
Morrisville, PA

Completed by
Jack Bally

Title
Sr. Project Manager

Signature

Date
8/3/17

Do not use this form for asbestos licensure exempted activities.